The Hampden Hippocrat

MEMBER MEDICAL SOCIETY MAGAZINE GROUP

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVI | DECEMBER, 1960 | NO. 10

NOEL MCMLX

Hampden District Medical Society

Founded 1840

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Rehabilitation . . . . . Edward J. Ferrarone, M. D.
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Alfonso A. Palermo, M. D. and Jerome A. Whitney, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, DECEMBER, 1960

EDITORIAL

A LESSON FROM OHIO

Although the relations between our Society and the news media in this area have always been amicable, the need for improvement is ever present. This is as true in Hampden as it is elsewhere, except that in some areas more is being done about it than in others. A good example is Ohio where it was found that good press rapport could be maintained, but only by continuous, uninterrupted, close contact between district medical societies and newspapers, television and radio. Our colleagues in Ohio, according to the AMA's "PR Doctor" began as follows:

"In each of the 11 districts county medical societies' officers, PR chairmen and committeemen held an afternoon session to discuss local programs and problems, then got acquainted with press, radio and TV representatives at a cocktail party and dinner. Following the dinner a give-and-take session on press relations problems was conducted. Comments and criticisms from the media people were sought."

This is reminiscent of our own effort of several short years ago. What we failed to do then, however, was to "follow through" the way it was done

in Ohio. There, the initial meetings were followed by others, always with a view of perpetuating the contacts and of ever improving press relations. Out of this experience came some guiding principles for other medical societies:

"Medical societies should meet regularly with press people to maintain continuity of contact and cooperation.

"Neither the medical profession nor the press should expect the other to make the first move toward obtaining a mutual working agreement.

"The press knows that medical news is of great public interest and recognizes that physicians are the logical medical spokesmen. Consequently, medical societies should appoint such spokesmen.

"There should be mutual trust between the medical news source and the reporter, with each trying to understand the other's problems.

"Societies should provide more scientific and educational news, reporting on scientific subjects, for example, dicussed at meetings.

"When news of medical interest develops from sources other than physicians, medical spokesmen should be available to verify or to comment if necessary."

It is reasonable to assume that a program of this type might well serve a mutual purpose. The press would get the medical news it is always so interested in, while our District Society could keep the public informed much more accurately on matters pertaining to medicine and health. Most of all it would serve to prevent the misunderstandings and the clashes that so often arise between medicine and the press. The medical misstatements which appear occasionally in our local press are often as much our own fault as the newspapers' that publish them. The chances are that most of them could be averted if better rapport existed between our district Society and the local news media.

M.

COMING EVENTS

SPRINGFIELD ACADEMY OF MEDICINE, JANUARY 10, 1961,
MUNICIPAL HOSPITAL

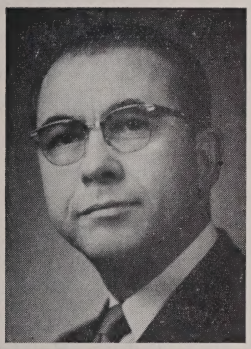
PRE-COUNCIL MEETING, DECEMBER 29, 6 P. M., SPRINGFIELD HOSPITAL

HAMPDEN DISTRICT MEDICAL SOCIETY MEETING,
JANUARY 31, STORROWTON

DISTRICT EXECUTIVE COMMITTEE MEETINGS,
DECEMBER 20 AND JANUARY 17

MASSACHUSETTS MEDICAL SOCIETY COUNCIL MEETING,
FEBRUARY 1, BOSTON

President's Page



A TIME FOR JOY AND MEDITATION

On the eve of this our Holiday Season, I am very anxious to extend to every member of our Society a Merry Christmas and a Happy New Year.

In these days of materialism, agnosticism and skepticism I venture to approach you, my co-workers in the Art of Healing, with a prayer taken from two spiritual sources:

> "Be Thou with me, Almighty Father of Mercy, in all my efforts to heal the sick. For without Thee, man is but a helpless creature. Grant that I may be filled with love for my art and for my fellow-men. May the thirst for gain and the desire for fame be far from my heart. For these are the enemies of Pity and the ministers of Hate. Grant that I may be able to devote myself, body and soul to Thy children who suffer from pain." Maimonides

> "We thank Thee for all those Thy servants who are workers together with Thee in saving and strengthening the life which Thou hast given unto us. At this season of the great physician's birth we praise Thee for the noble profession which has carried the ministry of healing across all boundaries of race and nation and creed . . . Keep alive the questing eagerness of science that cures may be found for the dread diseases which still baffle us. Continue and deepen the desire to share the secrets of the healing art with all peoples and nations that forces which help may overcome the forces which hurt and the Christmas promise of peace may come to earth. Amen." Ralph W. Sockman, Minister
> Christ Church, N. Y.

Alfonso A. Palermo, M. D.

EVECUTIVE COMMITTEE
(Meeting Highlights)

The November 15 meeting of the Executive Committee was called to order at 5:20 by president Palermo. Present were Drs: Brown, Miller, Whitney, Burke, Kennedy, Burkhardt and Pfeiffer.

New idea of name cards pinned to members' lapels at District Meetings was explained and approved. These will be initiated at the next Society meeting.

Letter was read from the Hampden District Association of Medical Assistants, which is a component of the State Association, soliciting our cooperation. Their immediate request was for the appointment of an official representative of our Society to serve on their Medical Advisory Board, which would include two other Society members of their own choosing.

Letter was read from State Society headquarters replying to our inquiry about other districts using a full-time paid secretary. It stated that only a few districts have such assistants and are on a small, part-time basis. In other states, particularly the far West, large salaries for full time Executive Secretaries are quite common.

Dr. Palermo announced that health and accident brokers in Hartford have been given permission to contact the Insurance Committee again.

Dr. Palermo reported that Channel 22 has requested cooperation of the District in a one-half hour taped program on November 26th dealing with mental health. Also a request for a cancer program has come in from a local station. The Public Relations Committee is working to arrange these projects.

It was felt that Public Relations be instructed to arrange a meeting with local and national legislators to acquaint them with our point of view on various medico-sociologic questions of the day.

The problem of a new Medical School in Massachusetts was discussed briefly.

It was felt that Public Relations Committee is big enough as it stands.

Committee adjourned and Grievance Committee was called to order. Four grievances were received and duly processed. Meeting adjourned 7:30 p.m.

John A. Burke, M.D.
Secretary pro tem

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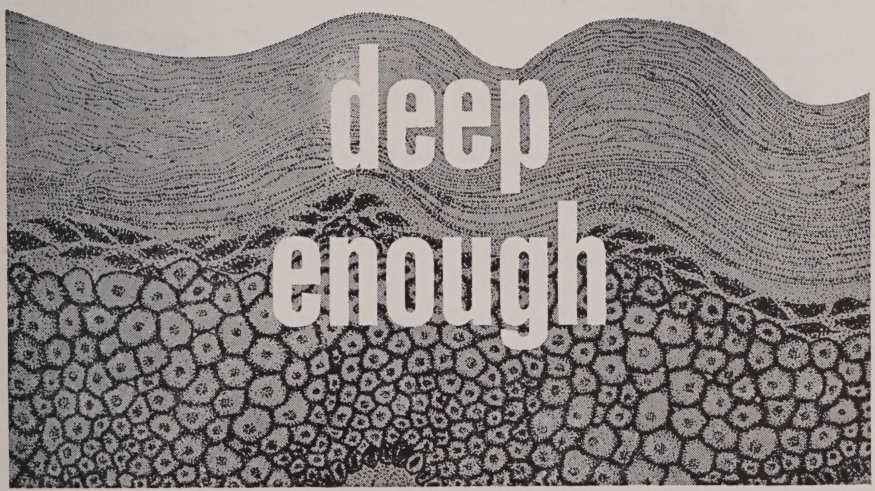

HIGHLIGHTS: DECEMBER (6) MEETING

Place: Storrowton, West Springfield . . . Attendance 210 against 245 reservations . . . President Palermo calls meeting at 8:20 p.m. . . .

Secretary's minutes are read and accepted . . . President Palermo appoints Dr. Ralph Miller, Ware, to represent District Society on Medical Advisory Board of Hampden District Association of Medical Assistants . . . He announces two recent appointments to M.M.S. committees: Dr. A. S. Johnson, to Committee on Public Health, and Dr. M. Millman to Committee on Disaster Medical Care . . .

Dr. Hayes reports on recent proceedings of the A. M. A.'s House of Delegates to which he is an alternate (report will appear in Hippocrat's January issue) . . . Dr. Ferrarone reports for Rehabilitation Committee . . . Dr. Baker for the PR. Committee . . . Dr. Nero for Blue Shield District Professional Service Committee . . . Dr. Emery for Legislative Committee . . . Dr. Platt for Relative Value Committee . . . Dr. Cooper for Mental Health Committee . . . Dr. Millman for By-laws Committee . . . Recommended resolution (page 25) is approved . . . The pending state medical school legislation arouses considerable discussion . . . It is voted to postpone consideration of salaried executive secretary until next meeting . . . Meeting adjourns 10:50 p.m.

REPORT OF RELATIVE VALUE STUDY COMMITTEE

December 6, 1960

The Relative Value Study Committee has been very active in its endeavor to create a comprehensive plan for use as a guide in the evaluation of medical services. Medical and surgical representatives from the different areas have met repeatedly and discussed fully and individually the relative value of one service as compared to another. Ground rules explaining the rationale of charges are well on the way towards completion.

There have been between 90 and 100 representatives from the district whose opinions have been sought in the evaluation of services. These representatives were chosen from the general practice section and from all medical and surgical specialties.

The committee is hopeful that it may complete the study by the end of January and be able to distribute copies to the individual members of the district at that time for approval. This goal will require faithful and frequent attendance at the various discussion meetings, and your earnest cooperation is needed.

Warren D. Platt, Jr., M. D.
Chairman

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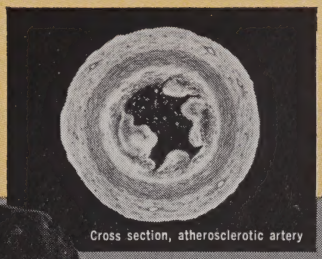

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HAMPDEN AT WORK
3 - BOARD OF EDITORS

L. to r. standing, Drs. J. E. Leary (Secretary and Business Manager), F. E. Hurley, H. B. Tillman, E. P. Bagg (Editor-Emeritus), W. A. Chapin (Founder and Advisory Manager), J. A. Whitney, H. J. Holleran, and G. A. Vassos. Seated, Dr. A. A. Palermo (President), Mrs. A. Willard (Recording Secretary), Drs.: M. Millman (Editor-in-Chief), O. A. Cooper, and J. C. Ayres (Assistant Editor). Missing are: Drs. R. T. Miller and R. J. Maher (Asst. Sec. and Bus. Manager).

The Board of Editors, which is elected annually by the Executive Committee, consists of: Editor-in-Chief, Assistant Editor, Secretary and Business Manager, Assistant Secretary and Business Manager and eight (8) Associate Editors.

Since the sole function of the Board of Editors is to publish the Hampden Hippocrat, the question that most naturally arises is: What is the Hippocrat and what are its functions? Briefly the Hippocrat is the official organ, or bulletin, of the Hampden District Medical Society. As such its chief function is to keep the membership informed on all matters pertaining to the District Society and its parent organization, the Massachusetts Medical Society.

The Hippocrat was founded 18 years ago by Dr. E. P. Bagg and Dr. W. A. R. Chapin, who still serve in emeritus and consulting capacities. It was started on the proverbial shoe string as a slim 8 page sheet appearing quarterly, and subsidized by the Society treasury. Today it is not only self-sustaining, but in the past 4 years has been appearing monthly, except for July and August. This month's issue numbers 32 pages. The business end is handled very ably by the business manager, but advertising space is limited to less than 50% of each issue.

During its early days the need of a

bulletin was debatable; today it is no longer so. The Board of Editors regards the Hippocrat not only as a sounding board but also as a very effective instrument of information, orientation and communication. Next to attending meetings the best way for the membership to keep informed is to read the Hippocrat regularly. An undreamed of function of the Hippocrat is that it has become a useful source of reference and also a repository of the archives of our District Society. Comment from the membership is always more than welcome.

Some idea of the activities of the Board of Editors can be obtained from the various features appearing in the Hippocrat. These include: Notices and transactions of meetings, Committee reports, by-law amendments to be voted on, letters to "Dear Hippocrat", editorial comment, President's page, welcoming new members, obituary column, auxiliary doings, calendar of coming events, and personal items.

In addition, the Hippocrat publishes special features often in serial form. Examples are the current "The Doctor and His Hobby" and "Hampden at Work" series, and the "Hospital Construction" series of a year or two ago.

The Board of Editors now meets monthly. Its meetings are well attended and are always high-spirited and provocative. The Board works hard and has many headaches, the worst of which, as may well be expected, is meeting 10 deadlines a year.

M.

Intravenous, vials,
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250 mg. (with 625 mg. Vit. C),
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IV

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250 mg. (with 275 mg. Vit. C).
(each with procaine HCl 40 mg., magnesium chloride 46.84 mg.)

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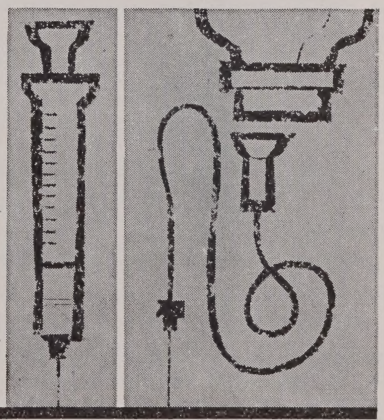

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PUBLIC RELATIONS COMMITTEE

(Report presented at December 6 Meeting)

The Public Relations Committee held one meeting since the last District Society meeting. It was decided that two programs in cooperation with TV Station WWLP would be sponsored by the Hampden District Medical Society. One program will be on CANCER in which several Holyoke members will participate. The second program will be on MENTAL HEALTH, headed by Dr. Olive Cooper.

It is contemplated that a combined Legislative and Public Relations Committee have a dinner-meeting with the members of the Senate and House of Representatives of this District. The purpose of this meeting would be to talk over some mutual medical problems.

There was a meeting of the Public Relations Committee of the State held at the Harvard Club in Boston on November 16 to act upon a resolution from the Essex South District Medical Society:

"RESOLVED (1) That the Director of Public Relations and Administration of the Massachusetts Medical Society, Mr. Everett R. Spencer, Jr. be instructed to immediately undertake a vigorous continuous program of public education, utilizing all means of communication including magazine articles, radio, television, and newspaper columns.

"(2) That the Director be authorized to expand his staff in order to accomplish said objective.

"(3) That, if necessary to financially accomplish said objective, a special assessment be levied on the members of the Massachusetts Medical Society."

The Committee voted not to accept the resolution as presented, but did vote to accept points (1) and (2) of the resolution.

Considerable discussion as to the method for improving Public Relations took place.

The Hampden District Medical Society appears to be the only Society which conducts Indoctrination meetings, participates in Science Fairs for high schools, or has actively put on any television activities or Health Forums for the public.

Joseph M. Baker, M. D.
Chairman,
Public Relations Committee

REHABILITATION COMMITTEE

(Report presented at December 6 Meeting)

There has been one meeting of the Rehabilitation Committee held since the Fall of this year and this took place at the Municipal Hospital on Tuesday, November 8, 1960, along with the President, Dr. A. A. Palermo.

The purpose of this meeting was to inform Dr. Palermo of the past and present problems of rehabilitation in Springfield. This entire situation was reviewed with him and the committee. It was felt that this committee should remain as a standing committee, but in an advisory capacity.

A letter was referred to this committee by Dr. Palermo from Mr. John Pierce Lynch. Mr. Lynch requested an opportunity to speak before the committee concerning the feasibility of establishing a rehabilitation center in this area. Your chairman met with Mr. Lynch in order to arrange this meeting as soon as possible, but because of other commitments on the part of Mr. Lynch, this has been delayed until January 1961.

Edward J. Ferrarone, M. D.
Chairman

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In 281 patients with various infections (soft-tissue, ear, nose and throat and intrathoracic), therapy with tetracycline + novobiocin was clinically more effective—satisfactory response obtained more rapidly —than with either antibiotic alone.[1]

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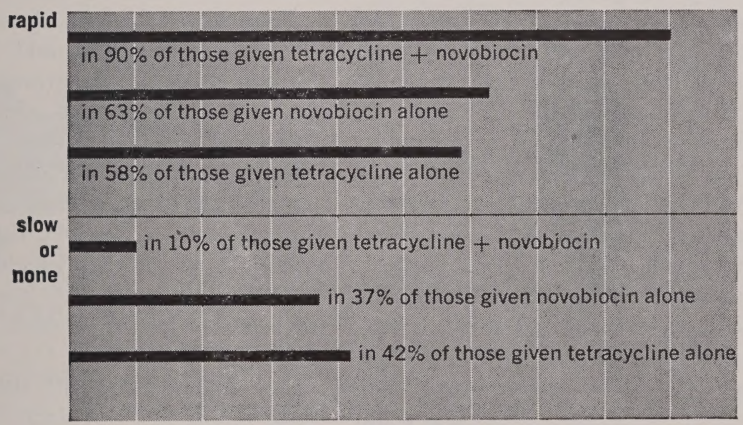
rapid
in 90% of those given tetracycline + novobiocin
in 63% of those given novobiocin alone
in 58% of those given tetracycline alone
slow or none
in 10% of those given tetracycline + novobiocin
in 37% of those given novobiocin alone
in 42% of those given tetracycline alone

1. Birkett, F. J., and others: Lancet *1*:838 (April 18) 1959.

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CORRESPONDENCE

G. P. Blues

Dear Hippocrat:

It has been variously estimated that not more than 10% of medical school graduates of today become general practitioners. This is certainly inadequate to provide every American family with a family physician. As the lines of specialization become more sharply drawn it becomes more and more difficult for the specialist to depart far enough from his specialty to be designated as a family physician. It is true that many pediatrician's treat parents, and internists treat allergies, but if they belong to the "Boards" they had better not let others hear of it.

The reason that general practitioners are scarce today is the feeling that they are the lowmen on the totem pole, scornfully designated by interne and resident as the L.M.D., and not even worthy of a progress report on a referred patient. Furthermore, the courtesy of having a patient returned after consultation or surgery is becoming rarer, and the patient is liable to be referred by the surgeon to another specialist rather than back to his original physician.

Another of the gripes of the general practitioner is that the patient is welcome at the specialist's office during hours, but, if anything happens after office hours or on weekends he promptly is told to call his family physician in spite of the fact that by this time he doesn't have one.

This dependence on specialists increases the cost of medical care considerably, since it would indeed be rare for a specialist to forego all the tests of his specialty before handing the patient along to the next specialist in line. It is not rare at all to find a patient having had a G.I. Series, Barium Enema and I.V.P. when all that was wrong was too gay a party the night before.

This is not an answer to the problem of medical care for the family unit, but a recent want ad for a doctor in a small town brought replies from sixty-four surgeons, two internists and no general practitioners at all.

R. T. Miller, M. D.

Medical Assistants

Dear Hippocrat:

The Massachusetts Association of Medical Assistants would like to introduce itself to all physicians in the State of Massachusetts.

This Association was formed in 1959 to provide better educational opportunities to the technicians, secretaries, nurses and 'girl Fridays' in the doctors' offices and in the hospitals of Massachusetts, and to co-operate with the medical profession in improving public relations.

We are affiliated with the American Association of Medical Assistants

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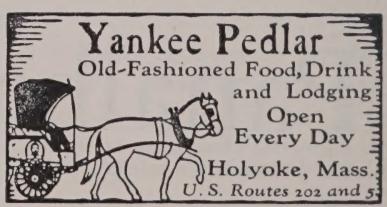

which boasts over nine thousand members throughout the United States. On the local level, four component county chapters have already been established: Worcester, Norfolk, Hampden and Berkshire Districts.

It is our hope that within the next two or three years, we will have university extension courses set up throughout the Commonwealth to give each Medical Assistant an opportunity of improving her educational background and to make certification as a Medical Assistant a reality. We are non-profit; we are not, nor shall we ever become, a trade union or collective bargaining agency.

We are making a plea to each doctor in this State—encourage *your* Medical Assistant to take part in the very excellent programs of the Massachusetts Association of Medical Assistants. She needs us — *we* need her!

For additional information regarding dues, requirements for membership, etc., we await your inquiry.

Sincerely yours,
(Miss) Marion A. Dyson,
Corresponding Secretary
Mass. Ass'n. of Medical Assistants
38 Woodland Road, Auburn

(Information concerning membership in the Hampden District Association of Medical Assistants may be obtained from Miss Emily Cichonski, president, 680 Westfield Street, West Springfield. Ed.)

ACADEMY

January Meeting

At the January 10, 1961 meeting of the Springfield Acadmey of Medicine the speaker will be John A. Finkbeiner, M. D., Memorial Center for Cancer and Allied Diseases, New York. His topic will be "The Lymphomas". The Clinic Conference will be held at the Springfield Hospital, 5 p.m.

February Meeting

The speaker at the February 14 meeting will be Edward D. Freis, Senior Medical Investigator, Veterans' Administration Hospital, Washington, D.C. The Clinical Conference will be held at the Wesson Memorial Hospital, 5 p.m.

Anything on your mind? Share it with The Hippocrat.

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FINAL NOTICE

THE HAMPDEN HIPPOCRAT

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THE SECOND ANNUAL ESSAY CONTEST

open to all

MEMBERS OF THE DISTRICT

on a subject pertaining to any aspect of
MEDICAL SOCIO-ECONOMICS
or
MEDICAL ETHICS

FIRST PRIZE: An all-expense paid week-end trip to New York City for the winner and spouse (including travel fare, hotel, meals, and theatre tickets).

SECOND PRIZE: An all-expense paid "Yankee Winter Week-End" (planned program of activities) for the winner and spouse at the Publick House, Sturbridge, Mass.

RULES OF CONTEST:

1. Essays are to be no less than one thousand (1,000) and no more than two thousand (2,000) words.
2. At least two typed copies, double spaced, are to be submitted.
3. All entries to be postmarked no later than *December* 31, 1960.
4. All entries shall become the property of the Hampden Hippocrat with full rights of publication.
5. Members of the Board of Editors of the HAMPDEN HIPPOCRAT and Officers of the HAMPDEN DISTRICT MEDICAL SOCIETY are not eligible.
6. The HAMPDEN HIPPOCRAT reserves the right to withhold awards.

SUGGESTED TOPICS FOR ESSAY

Medical Ethics
Blue Shield
Publicity Code
Socialized Medicine
Hospital Relations
Forand-type of Legislation
Indoctrination of new members.
Relations with labor, insurance and compensation.
Philosophy of medicine.
Free choice of physician.
Health Care of Aged
Relations with Press, etc., etc.

MAIL ENTRIES TO:
Max Millman, M. D., *Editor-in-chief*
111 Maple Street, Springfield 5, Mass.

WHITE CAP BALL

Above, left to right, are: Dr. Charles S. D'Avanzo; Mrs. Charles S. D'Avanzo, Hospitality Chairman; Dr. Joseph F. Zielinski; Mrs. Joseph F. Zielinski, Chairman of the White Cap Ball; Mrs. Harry A. Baker, Honorary Chairman and President of Woman's Auxiliary, and Dr. Harry A. Baker.

An ice sculpture of a Caduceus decorated the entrance to the ballroom. Grouped around it are, left to right: Mrs. Harry A. Baker of Holyoke, president; Mrs. John J. Burke, Holyoke, co-chairman of the ball; and Mrs. Joseph F. Zielinski, Holyoke, general chairman.

I wish to express on behalf of the Woman's Auxiliary to the Hampden District Medical Society our appreciation for the magnificent turnout of 400 who attended our White Cap Ball at the Schine Inn on November 5th.

The profit realized was approximately $2,000, which included $815 in donations! We also offer our heartfelt gratitude to all who sent in donations.

To Mrs. Joseph F. Zielinski, Chairman of the White Cap Ball, and her committee, we extend our congratulations for their efforts and for their choice of the Schine Inn which helped make the Ball the delightful, enjoyable and successful event that it was.

Mrs. Harry A. Baker, President
Woman's Auxiliary to the
Hampden District Medical Society

Checking seating arrangements are, left to right: Mrs. Adrian Delerzon, West Springfield, chairman of Health and Education; Dr. Delerzon; Mrs. Arthur E. Gramse of Longmeadow, immediate past president, and Dr. Gramse.

Chatting before sitting down to dinner are, left to right: Mrs. B. Bruce Alicandri of Springfield, chairman of invitations; Dr. Alicandri; Mrs. Edmund Piszczek of Westfield, chairman of the forthcoming Christmas Tea, and Dr. Piszczek.

BLUE SHIELD DISTRICT PROFESSIONAL SERVICE COMMITTEE

(Report Presented at December 6 Meeting)

On the evening of November 2, 1960, a meeting of the Hampden District Blue Shield Professional Committee was held with three representatives of Blue Shield home office.

Mr. L. T. Reed, the Assistant Executive Director, discussed the rapid expansion of Blue Shield from 1943, when the first contract was issued, to the present time. Various bits of information were then presented. As of this moment, 91% of Blue Shield subscribers carry Plan B with 9% of the members having Plan A. We were informed that Blue Shield has made a concentrated effort to convert members from Plan A to Plan B. Mention was made of the age limit change from under to over 65 years of age. In the non-groups, there are over 225,000 people over 65 years. Of the 75% of people in Massachusetts, presently covered by prepaid insurance, 67% of this group is covered by Blue Cross-Blue Shield. The 25% of the people not covered by any type of insurance on investigation are found to be indigents, skid row members, Christian Scientists, etc. The problem of chiropodists was considered at some length. At a recent hearing premissive legislature was granted to the Chiropodists to join Blue Shield. Unless the doctors unite and voice their disapproval to their local legislators, this "permissive legislature" may become compulsive. Blue Shield may have to yield and in doing so may have to drop certain procedures from the fee schedule. The Boston group emphasized that at the time of the hearing the hall was crowded with chiropodists, but not a single physician attended to vote his disapproval of the intended legislature.

The following changes in Blue Shield were then brought up: 1. 40% of small groups will get a Blue Shield rating increase. 2. The present 12 month waiting period is being reduced to 8 months. 3. Maternity waiting period is being reduced from 12 months to 8 months. 4. In tonsillectomies a two day limit will be waived for children 12 years and under. This would mean that T & A's can now remain in the hospital for longer than the two day period in force at the present time. 5. The prolonged illness contract was found to be overpriced. There will be a reduction from $2.00 to a $1.75 per family and from $1.00 to $.80 per person. 6. A revised fee schedule for Blue Shield, which has been in the making for three years, is said to be near completion.

An explanation was given for the rating increase and this was said to be due to 1. a 25% in-hospital medical care increase since 1954. 2. a 72% increase in O.P.D. surgery and 3. an 11% increase in-patient surgery.

Mr. Curtis Brown, Blue Shield

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Staff Assistant, then discussed with us the Pool Fund's Committee. This committee is under the chairmanship of Dr. Charles Lund and is a committee of the Massachusetts Medical Society. The 11% increase in surgical service, the 25% increase in medical service, and the 72% increase in O.P.D. and office surgery were investigated. The Arthur Little Company, a research outfit, was hired to study claims paid by Blue Shield for office and O.P.D. procedures. This study was carried out utilizing the fee codes and the serial numbers, but not names of doctors. After the study it became apparent that certain doctors were head and shoulders above others in the number of *certain type* office procedures carried out. The doctors in question were invited to offer some type of explanation for the excessive number of procedures carried out by them with emphasis on the fact that they were invited to explain and not to be reprimanded. Since these interviews, there has been considerable improvement in their "conduct". At the present time a study is being carried out on inpatient medical service. The Fee Committee was then explained to us by Mr. Brown. He stated that there are 25 members on this committee with the general chairman being appointed by the President of the Massachusetts Medical Society. Specialty groups in the various districts then nominate their own representatives. This committee has worked on the revised fee schedule for the past three years and before long is ready to present the end result to the participating physicians.

Mr. Gerald Hern, Director of Public Relations for Blue Shield, then discussed the present health bill which had been passed recently in place of the Forand Bill. He stated that matching grants were to be given by the state for medical care. This bill provides for coverage of people who are also without the benefit of social security. Mr. Hern also stated that he thought by March or April some type of bill might be put through as a social security bill. Mr. Hern, as did Mr. Reed, also emphasized that relative to the chiropodists the doctors of the District Societies should let their local legislators know their feelings against chiropodists becoming Blue Shield participants. He felt very strongly that pressure must be put on the Legislators.

During the evening discussions it was emphasized to us that the unions are again on the move. As you recall at our last District meeting in October, I summarized some labor views as presented by Mr. Wilfred Connell, President of the International Photo Engravers Union of North America, and Mr. Donald T. Diller, Executive Vice-President, the Medical Service Association of Pennsylvania. To recapitulate briefly, you will recall, that in Michigan, public announcements were made that the United Automobile workers supported the Community Health Association and that this would

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commence to operate by January 1, 1961. This plan was developed by Walter P. Reuther, the President of U.A.W. and now President of this new Health Association. This plan provides for hospital services by contracting hospitals and maintaining a salaried staff of doctors to provide medical services. The subscriber will be confined to the services of the salaried medical panel and the contracting hospitals. I had occasion recently to read the Blue Cross Association Bulletin, October issue, Volume II, 1960. This presented the current thoughts of the United Steel Workers of America.

The United Steel Workers of America issued late in September a special study on their health benefit program which questioned if the unions 1,200,000 members and their families had come to the end of the road with Blue Cross and Blue Shield and commercial insurance companies. The two year study accused physicians, hospitals and Blue Cross - Blue Shield of maintaining inadequate controls and proposed that a program be established whereby part of the industries' pension reserves be earmarked for the construction of hospitals and group practice medical centers for steel communities. The study emphasized that Blue Cross service benefits were hailed as fulfilling the test of good insurance. The major weaknesses in the program were cited as 1. Lack of full service benefits 2. Inadequate controls 3. Limited range of benefits 4. Limited effectiveness of the insurance. Disclosure was made that major steel companies had joined with the steel worker in asking the A.M.A. and A.-H.A. what they were doing to halt the rising costs. The study was particularly disappointed with physician service benefits, where Blue Shield covered less than 84% of doctors' charges for surgery and maternity. With commercial carriers the coverage was even less complete. The report stated that the unions' statistics for Blue Cross and Blue Shield and the commercial contracts showed "that there is too much surgery and too much hospitalization in many areas, rather than too little in other areas". The study contrasted Blue Cross - Blue Shield hospitalization experience with that of the California Kaiser Permanent Plan. "Steel workers covered under the Kaiser foundation in California had only 90 inpatient hospital admissions per 1,000 insured persons, as against 135 under the Blue Plans. They had only 570 hospital days per 1,000 insured persons as against 1,032 under Blue Cross. With regard to physician services in surgical cases, there were 69 inpatient cases per 1,000 insured persons under our standard Blue Shield Plan. In contrast, steel workers and their dependents covered under the Kaiser Health Plans had 33 inhospital surgical cases per 1,000 insured persons".

The report cited the present in-

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surance program as a "sickness insurance program for hospitals and physicians". The union called upon the steel companies to join with it in a joint undertaking toward improving their present program and in exploring alternative possibilities such as group practice plans. The union indicated, however, that it was prepared to proceed unilaterally if necessary. The study expressed little confidence that any substantial improvements could be made within the present insurance framework. The union stated that "unless the medical profession changes many of its basic policy positions and practices with respect to fees and unless it accepts greater responsibility for holding down costs and improving the comprehensiveness of benefits we will achieve our goal through newer patterns". The report suggested that initial capital funds needed to finance the hospitals and clinics for a group practice prepayment plan could be raised by loans from the $1,600,000,000 pension reserve funds.

Members of the Society, this is factual information. This union trend from the standard prepaid type insurance programs is now regretfully taking hold and becoming nation wide. Unless we can satisfy the public with a good non-profit prepaid insurance type of medical coverage we are going to find ourselves as salaried physicians working for either the unions, the government, or both.

Walter J. J. Nero, M. D.
Chairman, Blue Shield District
Professional Service Committee

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DOCTORS' GUIDE TO FEDERAL WORKERS' HEALTH INSURANCE

The Federal Employees Health Benefits Act gives the medical profession its finest opportunity to demonstrate the effectiveness of the voluntary, free enterprise system of prepayment and health insurance.

That view is expressed by the American Medical Association's Council on Medical Service in an outline of major provisions of the act.

Profound Influence: More than four million federal workers and their dependents are covered under the program. The council pointed out that Congress will study operating experience and performance of the program. It added:

"That experience and performance cannot help but exert a profound influence upon future health benefit legislation and methods of administering health care benefit programs."

Most workers have enrolled in one of two government-wide programs—a service type program administered by Blue Cross and Blue Shield, and an indemnity program with Aetna Life Insurance Co. serving as prime contractor for the commercial insurance industry.

Two Levels: Both programs offer two benefit levels—high and low—plus major medical coverage. So do 15 plans sponsored by government employee organizations and 21 plans of the "comprehensive" medical type.

Service plan benefits include:

For hospital board-room (semi-private) expense per admission in member hospitals, high option provides full cost for 120 days, low option for 30 days. In non-member hospitals, it's $12 a day for 120 days or 30 days.

For other hospital expense per admission, full costs are paid for 120 days or 30 days in member hospitals; in non-member hospitals 90% of cost is paid for 120 days or 30 days.

MD Payments: For medical expense in service benefit areas, both options make full payment to physicians if subscriber is under the income limit. If over the limit, local area benefit schedules provide allowances.

In non-service areas, there are allowances per uniform $300 benefit schedule under high option, $200 under low option.

For maternity benefits, maximums for hospital expense are $100 (high) and $10 a day up to 10 days (low), plus obstetrical benefit according to local schedules in service areas or $108 (high) and $70 (low) in non-service areas.

Corridor deductibles are $100 (high) and $200 (low). With high option, plan pays 80% of covered expense, except limited to in-patient care and up to 50% in out-patient and out-of-hospital treatment in nervous and mental cases.

Private Nursing: With low option, plan pays 75% of covered expense, except limited to in-patient care in general hospitals in nervous and men-

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tal cases. Maximum includable as covered expense for private duty nursing is $500.

Plan maximums includable for hospital board and room are $25 daily (high) and $15 daily (low). For a consecutive 12-month period, maximum benefits are $10,000 and $2,500 and for a lifetime $20,000 and $5,000. Maximums are restorable upon evidence of insurability.

For employees in hospitals or other institutions on effective date, only surgical and supplemental benefits are provided.

Indemnity plan benefits include:

Hospital board and room (semi-private) expenses in a calendar year, insurance pays costs in full up to $1,000 (high) and $250 (low) and pays 80% and 75% respectively of costs above $1,000 and $250.

First $30 for out-of-hospital prescription drug costs is paid by the subscriber, as is first $50 of other covered expenses.

Nervous Disorders: Insurance pays 50% of expenses for treatment of mental or nervous disorders if subscriber is not hospitalized.

Maternity benefits provide $15 or $10 (low option) hospital expenses per day, with a 10-day limit; $90 and $60 for obstetrician and $18 and $12 for anesthetist in a normal deliver. Benefits are reduced by one-third for a miscarriage and increased by two-thirds for a caesarean.

The maximum amount of automatic reinstatement at the beginning of each year up to the original maximum is $1,000 and $500.

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"QUOTES OF THE MONTH"

"The fact that many physicians prescribe a drug is not necessarily proof of its merit; such popularity may be the result of both effective promotion and pressures from patients for new medicines. Unfortunately, most busy physicians have neither the time nor the specialized background required for a critical evaluation of the overwhelming volume of reports on new products appearing in hundreds of medical journals.

Paul H. Lavietes, M.D.,
Associate Professor of Clinical Medicine,
Yale University.

Herald Tribune, N. Y.,
Nov. 13, 1960

"The need for the new medical school must be established beyond doubt. The ways and means of obtaining it must be thoroughly discussed. Its most logical location from every angle must be decided. Certainly the commonwealth cannot afford to start it posthaste as a monument to an outgoing administration."

The Springfield Union 11/18/60

Cover:

Designed and sketched by
Dr. Edward P. Bagg

CONGRATULATIONS

The following were inducted as new fellows of American College of Surgeons on October 13, 1960, in San Francisco, California: Drs. Eugene W. Beauchamp, Jr. and J. Wallace Morgan.

"M.D." YES; "DR." NO.

Last December, the American Medical Association's House of Delegates, meeting in Dallas, unanimously resolved that Doctors of Medicine should discard the prefix "Doctor" and use their degree designation M.D. after their names.

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REPORT OF THE LEGISLATIVE COMMITTEE

December 6, 1960

A meeting of the Legislative Committee of the Massachusetts Medical Society was held on November 2, 1960 at 22 the Fenway, Boston, Massachusetts.

At the meeting three items of business were considered.

1. Mr. Charles Dunn was re-elected legislative councilor of the Massachusetts Medical Society.
2. A resolution of the Norfolk South District was presented concerning the "Good Samaritan Law" as recently passed into law by the California legislature. The Norfolk South District requested that the Massachusetts Medical Society place a bill in the Massachusetts legislature for the passage for a similar law in the state of Massachusetts.
3. The final item of business concerned the question of payment of Blue Shield fees to Chiropodists. This question has been discussed at the Medical Society councilors meeting and the decision was to place the matter in the hands of the legislative committee for resolution. At the time of our meeting no legislation was pending in the state legislature and the decision was made that no action would be taken at the time. Further study is being made at this time and a written report will be presented at the next meeting of the council.

In 1959 several bills were introduced into the state legislature concerning the establishment of a Medical School in Massachusetts. During that session the bills were heard in committee and were acted upon favorably by this committee and were passed to a study committee for further evaluation and study. At the time of the meeting on November 2, this is where the matter stood. In the latter days of the present session of the legislature the governor took the bill from committee and submitted his own bill for the establishment of a medical school at the Lemuel Shattuck Hospital. The governor's bill was passed by the House of Representatives but was defeated in the Senate and sent back to the study committee. In the special session called by the governor this week he plans to re-introduce the bill for action. I recommend that the question of a medical school be discussed by this district and an official opinion expressed for the membership of the Hampden District Medical Society.

Robert Emery, Chairman

YOURS FOR THE ASKING

Many a service is available to the practicing physician from the Mass. Dept. of Public Health via the lcoal board of health or health dept. All a physician has to do is to simply take the trouble, which is hardly of any inconvenience, to avail himself thereof.

The following biologic products are available to any physician, free of charge, from the local public health authority's office or substation:

Diphtheria antitoxin
Tetanus antitoxin
Serum sensitivity outfits
Shick test and control
Pertussis vaccine
Tetanus toxoid, fluid
Diphtheria and tetanus toxoids and pertussis vaccine (combined, aluminum phosphate precipitated)
Diphtheria and tetanus toxoids, combined, aluminum phosphate precipitated)
Typhoid and paratyphoid vaccine
Smallpox vaccine
Tuberculin, old
Silver nitrate ampoules

In the City of Springfield, almost all of these products are available not only at the offices of the Health Dept., 1414 State St., but also at the following substations:

(1) Harris Medical Center Pharm- 139 Chestnut St.
(2) McCarthy Drug at the "X" 512 Sumner Ave.
(3) Raleigh Drug Co. 6 Maple St.

In addition, at the Health Dept. offices, immune serum globulin is available for prophylaxis against measles (not German measles) or infections hepatitis (not homologous serum jaundice) in susceptible contacts of reported cases. Since the supply of this product is limited, it cannot be provide dofr other purposes including cases of hypogammaglobulinemia. At certain times, polio vaccine for newborns and pregnant women is available.

Moreover, at the local public health authority's offices, special mailing outfits for transmitting specimens for bacteriological, viral, serological, and other laboratory examinations can be obtained. The list of such examinations which can be performed by the Mass. Dept. of Public Health Diagnostic Laboratories, as well as instructions pertaining thereto, are more than can be published herein.

However, the physician has only to confer to the "Handbook for Physicians" as published by the Mass. Dept. of Public Health in 1959 and sent to each practicing physician in the Commonwealth. Or he may simply consult with his local public health authority.

J. C. Ayres, M. D.

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REPORT OF BY-LAWS COMMITTEE
(Presented December 6, 1960)

On October 18 President Palermo appointed a special By-laws Committee including, in addition to the chairman, Drs: E. P. Bagg, Harry Memery and Ray T. Smith. The committee was instructed to revise and reprint our existing By-laws, which were adopted in 1956. Nine amendments have since been adopted and these have already been catalogued by your committee in their proper categories.

To date two meetings have been held at each of which the committee was joined by Dr. Palermo.

Most of the contemplated changes are relatively minor in nature. There are, however, two changes that might be classed as "drastic", and these are presented now for your consideration. The first of these would re-organize the Executive Committee in such a manner that in addition to the officers and immediate past president, would include also the Executive Councilor, the Public Relations Councilor, the Legislative Councilor, the chairman of the Blue Shield District Professional Service Committee, and the Editor-in-Chief of the Hippocrat, all of whom would be elected by the Society. These structural changes, in the opinion of your Committee, should serve to coordinate more satisfactorily the work of the major committees of our Society, and also to improve the efficiency and effectiveness of the Executive Committee.

The second "drastic" amendment is a "rule" for conduct at Society business meetings. If adopted it would read somewhat as follows: "All new business offered at Society Meetings shall be referred by the President to the appropriate committee before action is taken by the Society." The object of this "rule" is to allow due time for deliberation and to avert hasty or impromptu action on the part of the Society.

The following resolution which, if approved, would be submitted to the Council of the M.M.S. for consideration is recommended by your committee.

"Whereas Public Relations and Legislative Councilors, especially those representing outlying District Societies, are on occasion unavoidably absent at meetings of their respective committees, and

"Whereas as a result of such absence some District Societies are inequitably represented. Therefore, be it

"Resolved, that the By-laws of the M. M. S. be amended in such a manner as to provide an alternate member to each of the Committees on Public Relations and State Legislation, similar to that provided for the Committee on Nominations.

"Be it further resolved that the above resolution be referred to the proper committee and that a report be returned by that committee to the Council at the next annual meeting."

This resolution is recommended not only after due deliberation on the part of your By-laws committee but also after consultation with our councilors on Public Relations and Legislation, both of whom agreed that such an amendment would not only make for more equitable representation, but would also make the deliberations of the Public Relations and Legislative Committees more fruitful and effective.

Max Millman, M.D., Chairman
By-laws Committee

WOMEN IN MEDICINE

Ever since 1321, when Francisca DeRomano received a public certificate from the University of Salerno stating that she had passed the examination before a commission of diseases and surgery, much interest, some doubts, and many questions have been asked regarding women in medicine, including:

1. Do women make sufficient contribution to the nation's health to justify their training?
2. Does medical training for women represent a social loss?
3. Is there a kind of discrimination that precludes a successful career for women in medicine?
4. How do the scholastic and professional capabilities of women compare with those of men?

These and many other similar inquiries are not yet completely and convincingly answered.

Some months ago, the Chicago Daily News presented a provocative question: Is it wasteful to train women as physicians since they may drop out of the medical profession to become full-time housewives and mothers? The essence of the replies was that medical education for women paid inestimable dividends to the family, community, and nation, and that no monetary value could be placed on it. Very few studies have been made to ascertain the extent to which medical education is utilized by women. In 1953, Dykman and Stalnaker, of the Association of American Medical Colleges, conducted one which revealed the number and percentage of women in medicine, and other interesting and comparative information, including such facts as:

1. The number of women who started and completed medical training was proportionately higher than those of men.
2. A higher proportion of women than men practiced in large urban centers.
3. Women in medicine had a more extensive general education than men — 66% of women had BA degrees, as against 58% of the men — suggesting that women had to be better qualified for acceptance for professional training than men.

Interestingly enough, the study indicated an even balance in the proportion of men and women who limited their practice to a specialty. The selection of specialties by women appeared to be in the following order: pediatrics, psychiatry and neurology, obstetrics and gyn., internal medicine, and anesthesiology. In the area of income, it was discovered that women as

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group earned less than men — only 8% of the women reported income of $20,000 or over while more than 33% of the men reported income at this level.

The American Medical Women's Association published a 50-year report of the percentage of women graduates (1905 to 1955 inclusive). During this period, the percentage ranged from a low of 2.6% in 1910 to 12.1% in 1949. During the majority of years in this 50-year interval, the percentage of women graduates was about 5%. There are today 6,000 women doctors in the United States.

It is of interest to note the dissimilarity of percentage of women in medicine here in Hampden County, as compared with those at the state level. Of a total membership of 7818 in the Massachuestts Medical Society, 415 (or roughly 5%) are women. Here in the Hampden District Medical Society, the percentage of women members is slightly under 3% (2.8%), which is appreciably below the nationwide level, as well as that recorded for the state. In 1959, the percentage of women graduates throughout the country was 7%; in European countries, it has been reported that the percentage of women in medicine far exceeds that of this country.

The types of practice presently maintained by the women in Hampden County bear slight resemblance to the findings of the national survey made by Dykman and Stalnaker in 1953. In the group of 18 women registered in the District Society at the present time, there are the following classifications:

Pediatricians	3
Anesthesiologists	3
General Practitioners	9
Psychiatrists	1
Unclassified	3

Comparatively little material is available regarding the role of women in medicine despite their long history of participation in the field.

Olive A. Cooper, M. D.

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The lesson stands, yet men still doubt
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For souls who seek aid as a child
To learn the power of love, and heed
Our Father's will. Today the wild
Unbridled passions loosed upon
A seething world are multiplied
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Still more we need through Him who died.

E. P. B.

The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Medical Society.

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One reason that many cases of hypertension respond to Serpasil is that many cases are associated with stress. Stress situations produce stimuli which pass through the sympathetic nerves, constricting blood vessels, and increasing heart rate. Hyperactivity of the sympathetic nervous system may elevate blood pressure; if prolonged, this may produce frank hypertension. By blocking the flow of excessive stimuli to the sympathetic nervous system, Serpasil guards against stress-induced vasoconstriction, brings blood pressure down slowly and gently.

In mild to moderate hypertension, Serpasil is basic therapy, effective alone "... in about 70 per cent of cases ..."*

In severe hypertension, Serpasil is valuable as a primer. By adjusting the patient to the physiologic setting of lower pressure, it smooths the way for more potent antihypertensives.

In all grades of hypertension, Serpasil may be used as a background agent. By permitting lower dosage of more potent antihypertensives, Serpasil minimizes the incidence and severity of their side effects.

CIBA
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Complete information available on request.

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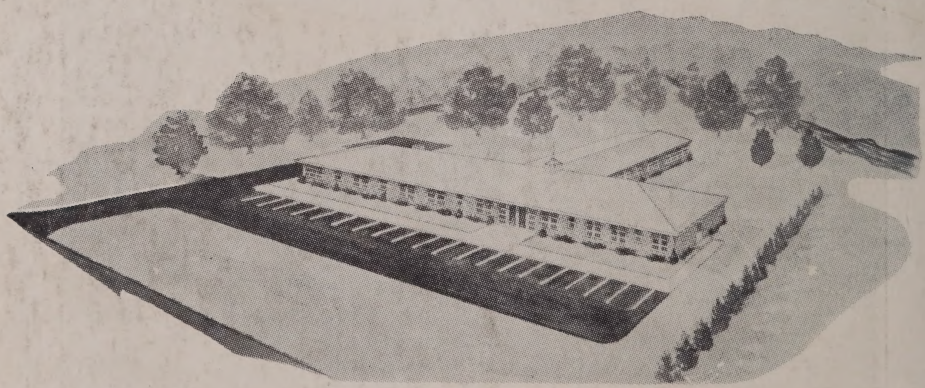

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